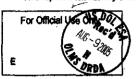
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 4553

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John Hooven	Name Carpenters Local 1906 U B of C & J of A
	Labor Organization File Number 022-087
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1803 Spring Garden Street	Street 1803 Spring Garden Street
City Philadelphia	City Philadelphia
State Pennsylvania ZIP Code + 4 19130	State Pennsylvania ZIP Code+4 19130
5. Position in labor organization. Delegate	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Ctreet	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Hanne	On Ava 3 2005 (215) 569-2558 Telephone Number
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Name of Person Filing John Hooven	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or Indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Carpenters Pension and Annuity Fund	a. Labor Organization
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 1807 Spring Garden Street	
Chy Philadelphia	<u></u>
State Pennsylvania ZIP Code + 4 19130-3916	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Sponsoring organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of Interest held or Income received.
State ZIP Code + 4	Reimbursed expenses for a conference on employee benefits in order to obtain additional knowledge as a trustee to maximize the benefits provided to members and their dependents.
	12.b. Amount. \$1,812
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	State of the state
13.b. Is the Business an Employer or Consultant ?	14.b, Amount of payment.